MAPLE WOOD 1501 THOMPSON

BLOOMER 54724 Phone: (715) 568-2000 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Yes No Number of Beds Set Up and Staffed (12/31/01): 57 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/01): 74 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 50 Average Daily Census: 51 *********************** ************************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	30. 0
Supp. Home Care-Personal Care	No)	1 - 4 Years	40. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	30. 0
Day Servi ces	No	Mental Illness (Org./Psy)	16. 0	65 - 74	2. 0		
Respite Care	Yes	Mental Illness (Other)	20.0	75 - 84	34.0		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	54. 0	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0.0	95 & 0ver	10. 0	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0.0		[Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	2. 0		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	36. 0	65 & 0ver	100. 0		
Transportati on	No	Cerebrovascul ar	20.0	·		RNs	14. 0
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	7. 6
Other Services	No	Respi ratory	4. 0		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	2. 0	Male	24.0	Ai des, & Orderlies	51.6
Mentally Ill	No			Female	76.0		
Provi de Day Programming for	ĺ		100. 0		j		
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19	-		0ther			Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0. 0	0	1	2. 7	119	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	1	2. 0
Skilled Care	1	100. 0	299	26	70.3	101	0	0.0	0	12	100.0	124	0	0.0	0	0	0.0	0	39	78. 0
Intermedi ate				10	27. 0	84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	10	20.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		37	100.0		0	0.0		12	100.0		0	0.0		0	0.0		50	100. 0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services	s, and Activities as of 12/	/31/01
Deaths During Reporting Period		`				·	
8 1 8		I [']		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	istance of	% Totally	Number of
Private Home/No Home Health	17.6	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Residents
Private Home/With Home Health	5. 9	Bathi ng	0.0		100. 0	0.0	50
Other Nursing Homes	0.0	Dressing	10. 0		86. 0	4. 0	50
Acute Care Hospitals	76. 5	Transferring	26. 0		48. 0	26. 0	50
Psych. HospMR/DD Facilities	0.0	Toilet Use	24. 0		54. 0	22. 0	50
Reĥabilitation Hospitals	0.0	Eating	70. 0		28. 0	2. 0	50
Other Locations	0.0	***************	******	*****	*****	**********	******
Total Number of Admissions	34	Continence		%	Special Trea	tments	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	0.0	Recei vi ng	Respiratory Care	12. 0
Private Home/No Home Health	33. 3	Occ/Freq. Incontinent	of Bladder	34. 0	Recei vi ng	Tracheostomy Care	0.0
Private Home/With Home Health	2.6	Occ/Freq. Incontinent	of Bowel	14. 0	Recei vi ng	Sucti oni ng	0. 0
Other Nursing Homes	10. 3	Ī			Recei vi ng	Ostomy Care	0. 0
Acute Care Hospitals	20. 5	Mobility			Recei vi ng	Tube Feeding	0. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained		0. 0	Recei vi ng	Mechanically Altered Diets	34. 0
Rehabilitation Hospitals	0.0					•	
Other Locations	0.0	Skin Care			Other Reside	ent Characteristics	
Deaths	33. 3	With Pressure Sores		4. 0	Have Advar	ce Directives	74. 0
Total Number of Discharges		With Rashes		4. 0	Medi cati ons		
(Including Deaths)	39	ĺ			Recei vi ng	Psychoactive Drugs	50. 0

	Thi s	Other Ho	spi tal -		Al 1
	Facility	Based Fac	ilities	Faci	ilties
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	68 . 5	88. 1	0. 78	84. 6	0.81
Current Residents from In-County	98. 0	83. 9	1. 17	77. 0	1. 27
Admissions from In-County, Still Residing	41. 2	14. 8	2. 78	20. 8	1. 98
Admissions/Average Daily Census	66. 7	202. 6	0. 33	128. 9	0. 52
Di scharges/Average Daily Census	76. 5	203. 2	0. 38	130. 0	0. 59
Discharges To Private Residence/Average Daily Census	27. 5	106. 2	0. 26	52. 8	0. 52
Residents Receiving Skilled Care	80. 0	92. 9	0. 86	85 . 3	0. 94
Residents Aged 65 and Older	100. 0	91. 2	1. 10	87. 5	1. 14
Title 19 (Medicaid) Funded Residents	74. 0	66. 3	1. 12	68. 7	1.08
Private Pay Funded Residents	24. 0	22. 9	1. 05	22. 0	1.09
Developmentally Disabled Residents	0.0	1. 6	0.00	7. 6	0.00
Mentally Ill Residents	36. 0	31. 3	1. 15	33. 8	1. 07
General Medical Service Residents	2. 0	20. 4	0. 10	19. 4	0. 10
Impaired ADL (Mean)*	42. 8	49. 9	0. 86	49. 3	0.87
Psychological Problems	50. 0	53. 6	0. 93	51. 9	0. 96
Nursing Care Required (Mean)*	6. 8	7. 9	0. 85	7. 3	0. 92